

AO 440 (Rev. 06/12) Summons in a Civil Action

**UNITED STATES DISTRICT COURT**  
for the

District of New Mexico

CARMELITA M. DESIDERIO, as  
Personal Representative of the Estate of  
PHILLIP R. CURLEY, deceased

)  
)  
)  
)  
)

*Plaintiff(s)*

)  
)  
)  
)  
)  
)

v.  
UNITED STATES OF AMERICA,  
JANELLE D. JONES, M.D., and  
JOY G. HARRISON, M.D.,

Civil Action No. 1:23-cv-00057-SCY-KRS

*Defendant(s)*

)

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)* THE UNITED STATES OF AMERICA  
 c/o Alexander M. M. Uballez  
 United States Attorney for the District of New Mexico  
 Southwest Regional Office  
 PO Box 607  
 Albuquerque, New Mexico 87103

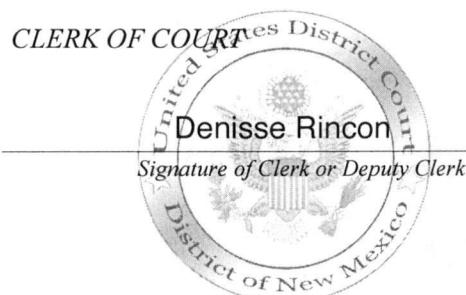
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Brewster S. Rawls  
 David A. Tierney  
 Rawls Law Group  
 211 Rocketts Way, Suite 100  
 Richmond, Virginia

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: Thursday, February 09, 2023



Civil Action No. 1:23-cv-00057-SCY-KRS

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) \_\_\_\_\_  
 was received by me on (*date*) \_\_\_\_\_.

- I personally served the summons on the individual at (*place*) \_\_\_\_\_  
 on (*date*) \_\_\_\_\_; or
- I left the summons at the individual's residence or usual place of abode with (*name*) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (*date*) \_\_\_\_\_, and mailed a copy to the individual's last known address; or
- I served the summons on (*name of individual*) \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of (*name of organization*) \_\_\_\_\_  
 on (*date*) \_\_\_\_\_; or
- I returned the summons unexecuted because \_\_\_\_\_; or
- Other (*specify*): \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_ *Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

CARMELITA M. DESIDERIO, as  
Personal Representative of the Estate of  
PHILLIP R. CURLEY, deceased

Plaintiff,

v.

No. 1:23-cv-00057-SCY-KRS

UNITED STATES OF AMERICA,  
JANELLE D. JONES, M.D., and  
JOY G. HARRISON, M.D.,

Defendants.

**AFFIDAVIT OF SERVICE ON THE UNITED STATES ATTORNEY  
FOR THE DISTRICT OF NEW MEXICO ON BEHALF OF  
THE UNITED STATES OF AMERICA**

STATE OF NEW MEXICO                         )  
  )  
  ) ss.  
COUNTY OF MCKINLEY                             )

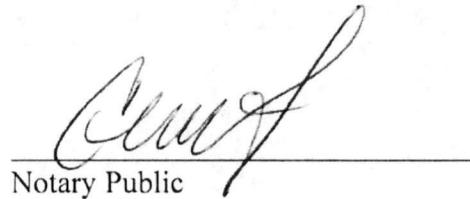
I, Sarah Benally, upon oath depose and state:

1. I am resident of the State of New Mexico and over eighteen (18) years of age.
2. I served a Complaint to Recover Damages for the Wrongful Death Resulting from

Medical Negligence Arising Under The Federal Tort Claims Act, Summons, and Notice of Judge Assignment, via pre-paid postage, certified mail, return receipt requested, on the United States Attorney for the District of New Mexico via the Civil Process Clerk in Albuquerque, New Mexico on February 13, 2023 [See Return Receipt attached hereto].

  
Sarah Benally, Affiant

SUBSCRIBED AND SWORN to before me this 16 day of February, 2023 by  
SARAH BENALLY.



\_\_\_\_\_  
Notary Public

My Commission Expires:

09/17/2026

**State of New Mexico**  
**Notary Public**  
**Christina R Martinez**  
**Commission Number 1123241**  
**Expiration Date 9/17/ 2026**

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
*Domestic Mail Only***

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

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7014	3490	0001	7561	8835
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage &amp; Fees \$ _____</p>				
Postmark Here				
<p>Sent To <i>CIVIL PROCESS CLERK US Attorney for the District of NM SW Regional Office Street &amp; Apt. No., or PO Box No. PO Box 607</i></p> <p><i>City, State, ZIP+4 ALBUQUERQUE, NM 87103</i></p>				
PS Form 3800, July 2014      See Reverse for Instructions				

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent    <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JOHN TOWN</i> Date of Delivery <i>2/13/23</i></p> <p>C. <i>2023</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>FEB 13 2023</i></p> <p><i>ALBUQUERQUE NM 87103</i></p>	
<p>1. Article Addressed to: <b>Civil Process Clerk U.S. Attorney for the District of NM Southwest Regional Office PO Box 607 Albuquerque, NM 87103</b></p> <p> 9590 9402 4590 8278 3279 39</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature    <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery    <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail®    <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery    <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery    <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery    <input type="checkbox"/> Signature Confirmation Restricted Delivery  <i>Mail Mail Restricted Delivery ID)</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7014 3490 0001 7561 8835</i></p>		<p>Domestic Return Receipt</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053			